

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/529221

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		6				
8		6				
9		6				
10	1					
11		1				
12		1				
13	1					
14		1				
15		1				
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40	1					
41	1					
42	1					
43	1					
44	1					
45		1				
46		1				
47		1				
48	1					
49		1				
50		1				
TOTAL IND.	1		↓		↓	↓
TOTAL DEP.	62	←		←	←	←
TOTAL CLAIMS	63	█	█	█	█	█

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS		█	█	█	█	█